

SHINE Summer Program: June 15-September 4

Serving Honoring Inspiring Nurturing Educating



SHINE

2265 NW Shevlin Park Road, Bend, Oregon
541-213-3023 shinepreschoolbend@gmail.com

Performing Arts & Education



Hands on Learning
through our monthly
themes and activities!

Weekly Field Trips:

Monday-Explorers (3-4yrs)

Wednesday-Warriors (7-12yrs)

Friday-Voyagers (5-6yrs)

****Trips may include: High Desert
Museum, SHARC, Skyliner's
Educational Lodge, Mountain Air,
and more! **Field trips may require
an additional entrance fee.**



Mentoring Monday!
Our Warriors learn the
importance of mentoring
through crafts and activities.



Summer Outdoor Games!
Students will participate in a
variety of outdoor sports and
games to enjoy the great
outdoors this summer!

Art, Movement, Music!
Students end the summer
with an entertaining
performance and musical
theater production.
****Tuesdays/Thursdays**



Summer

12 WEEK SUMMER SESSION:

Students age 3-5

Half Days (4 hours) 9:00-1:00pm:

3 Days: \$100 Weekly - \$350 4 Week Package

4 Days: \$125 Weekly - \$450 4 Week Package

5 Days: \$150 Weekly - \$550 4 Week Package

Semi-full Day (7 hours) 8-3 or 8:30-3:30:

2 Days: \$125 Weekly - \$400 4 Week Package

3 Days: \$150 Weekly - \$500 4 Week Package

4 Days: \$175 Weekly - \$600 4 Week Package

5 Days: \$200 Weekly - \$700 4 Week Package

Full Day, (10 hours) 7:00am-5:00pm:

2 Days: \$150 Weekly - \$500 4 Week Package

3 Days: \$175 Weekly - \$600 4 Week Package

4 Days: \$200 Weekly - \$700 4 Week Package

5 Days: \$225 Weekly - \$800 4 Week Package

Students age 6-12 (1st grade up)

Half Day (4 hours) 9:00-1:00pm:

3 Days: \$85 Weekly - \$300 4 Week Package

4 Days: \$110 Weekly - \$400 4 Week Package

5 Days: \$135 Weekly - \$500 4 Week Package

Semi-full Day (5-7 hours) 8:30am-3:30pm:

2 Days: \$100 Weekly - \$350 4 Week Package

3 Days: \$125 Weekly - \$450 4 Week Package

4 Days: \$150 Weekly - \$550 4 Week Package

5 Days: \$175 Weekly - \$650 4 Week Package

Full Day, (8-10 hours) 7:00am-5:00pm:

2 Days: \$125 Weekly - \$450 4 Week Package

3 Days: \$150 Weekly - \$550 4 Week Package

4 Days: \$175 Weekly - \$650 4 Week Package

5 Days: \$200 Weekly - \$750 4 Week Package

**Summer Special! Ages 6-12, 1st grade up:
12 Week Full-Day Package, \$1,200, if paid by June 15.**

We offer three age groups during the Summer Session:

Explorers: ages 3-4, Voyagers: ages 5-6, and Warriors: ages 7-12.

Payments Due: Between the 1st and the 5th of the month for weeks attending during that month.

June payments can be made on the first day of student attendance in June.

Sibling Discount: 10% off total tuition. (Does not apply to \$1,200 full summer special)

Payments: (reference student name) Payable to SHINE by check, Credit Card (3% fee),

PayPal: shinepreschoolbend@gmail.com, Venmo: Kerri Ellis@shine-bend

(If mailing checks or bank Bill Pay, to: SHINE, PO Box 7259, Bend, OR, 97708)

Please ensure forms are mailed or dropped off at least 10 days prior to start date to ensure registration and email confirmation. Forms can be completed and emailed to shinepreschoolbend@gmail.com. All field trips are subject to change, some require an additional fee for attendance. Field trip schedules/permission slips are released at the beginning of each month. Each day students will need a snack (AM and PM snack for full-day students please), lunch, and water bottle. Please mark your child's belongings with a name.

SUMMER 2020 REGISTRATION FORM

ENROLLMENT: Half-Day (9-1) Semi-Full Day (8-3 or 8:30-3:30) Full-Day (7-5)

DAYS ATTENDING: Monday Tuesday Wednesday Thursday Friday

WEEKS ATTENDING: June 15-19 June 22-26 June 29-July 3 July 6-10 July 13-17

July 20-24 July 27-31 Aug. 3-7 Aug. 10-14 Aug. 17-21 Aug. 24-28 Aug. 31-Sept. 4

AMOUNT PAID: _____

SHINE Performing Arts SUMMER 2020 REGISTRATION		
APPLICANT INFORMATION		
Student Information		
Child's Full Name		
Date of Birth	Age	Gender

Contact Information (Please Print)

Mailing Address

Street:	City	State	Zip Code
Home Phone		Primary Email	
Mother/Guardian		Cell Phone	
Place of Work and phone			
Father/Guardian		Cell Phone	
Place of Work And phone			

Emergency Contact (Please Print)

Name	Home Phone
Relationship to Student	Cell Phone
Parent Signature:	Date:

Picture and Video Release: I give my permission for my child's photo, and videos that my child appears in, to be used by the preschool staff and shared via informational brochures, Facebook, and preschool newsletters.

Parent Signature: _____

Dismissal Authorization (Please Print)

The following individuals are authorized to pick up from school. (Including primary care taker)		
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

Medical Release

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool to seek medical treatment in case of a sudden illness, accident or an emergency. We will make every attempt to contact the parent or guardian immediately

I (We) will assume the responsibility to the expenses incurred by such treatment.

Student's Name (print)		D.O.B. / /	
Insurance Company	Insurer's Name	Policy Number	Group No.
Physician's Name	Location of offices	Phone	
Preferred Hospital		Location of Hospital	

I (We) do not hold the above named, SHINE Performing Arts Preschool and Kindergarten or staff members liable or responsible for any action taken in the case of an emergency for the care of my (our) child.

Signature _____ Date _____

Signature _____ Date _____

This form must have two signatures. If the child is in the custody of one parent or guardian, please indicate.

Release for Restroom Help (optional)

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool and staff members, to help my child in the restroom when needed. By signing this agreement, I hereby release from liability, and agree not to sue, SHINE Performing Arts Preschool or their employees.

Signature _____

Date _____

Signature _____

Date _____

Medical Concerns

Allergies	Medical Concerns	Physical limitations

Does your child nap? _____ Nap duration and comments: _____

Quiet Time Daily at 1:30pm:

- I would like my child to sleep during quiet time, 1:30-3:00pm.
- I would like my child to rest in the quiet room with a book. (30 minutes)
- My child has my permission to watch a learning video for quiet time. (30 minutes)

Additional Comments/Information:
